PRECIOUS METALS LICENSE APPLICATION

MISHAWAKA CODE § 18-155

Business Name:		
Owner's Name:		
Permanent Address:		
Telephone Number:		E-mail:
Business Location:		· · · · · · · · · · · · · · · · · · ·
Telephone Number:		E-mail:
Hours of Operation:		
Local Contact Name:		
Address:		
Telephone Number:		E-mail:
	e received a copy of Mishawaka Cod ions, along with any and all applicab	de Sections 18-154 through 18-162 and agree ple state and federal regulations.
Owner/Operator	Date	
Office Use Only:		
Date received: Fee: Expiration: 12/31/_		